

3733 N. Business Dr.
Suite #102
Fayetteville, AR 72703



Office (479) 521-1500
Fax (479) 521-5413

Muscle Flap Post-Op

- **HEMATOMAS:** Hematomas are the collection of blood and fluid under the skin or muscle. They are rare, but must be reported immediately. A hematoma is evidenced by one breast becoming significantly more swollen and painful than the other breast. If you see evidence of a hematoma, contact Dr. Taylor's office immediately; Dr. Taylor and his staff will meet you back at the clinic to assess and possibly drain the hematoma immediately.
- **BLEEDING:** Small amounts of oozing and bleeding are common and expected. Feel free to change the gauze as needed at home. If the bleeding is more than a slow staining of the dressings, apply firm pressure for 20-30 minutes. Should heavy bleeding occur, apply firm pressure and call the office immediately at 479-521-1500.
- **BRUISING AND SWELLING:** Bruising and swelling are expected with surgery. Bruising typically resolves in 1-3 weeks. Swelling will begin to improve in 48 hours; however, may take 3-6 months to fully resolve.
- **ACTIVITY:** Do not lift anything over 5 pounds for 2-3 days. As you begin to resume normal activity, refrain from sitting for 4-6 weeks and stay on a low air mattress. You must stay off of Flap for 30 days.
- **PAIN:** Mild to moderate discomfort is normal after surgery. Please follow instructions given to you with your pain medications.
- **DRESSINGS:** When you awaken from surgery, you will be in a panty mesh to hold your dressing on. You may change your dressings twice a day. You will have 2 drains for 2 weeks. See JP drain instructions.
- **STAPLES:** Staples will stay in for 2 weeks and will be removed during office visit.
- **SHOWERING AND BATHING:** You may shower 24 hours after surgery. Do not immerse your incisions in water for 4-6 weeks.

If you have any questions, please contact our office at 479-521-1500. We have a nurse on call 24hrs a day. In case you cannot contact someone and you have an emergency, go straight to the hospital.

I understand and have received a copy of the instructions

Signature: _____ Date: _____